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CASE OF GRANULAR DEGENERATION OF THE KIDNEYS.

BY WM. H. LUCE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

GRANULAR degeneration of the kidneys is a disease, I need scarce remark, which was, until a very late date, unknown to the profession; and even at the present day, though better understood, does not seem to command that attention among practitioners which its importance, both in a pathological and practical point of view, would seem to indicate. Indeed, until the time of Dr. Bright, very little or nothing was known of the pathology of this important affection; and still less the more important facts of the various secondary diseases which are consequent to it.

Lately Dr. Christison has taken up the subject, and has very satisfactorily investigated, not only its primary morbid appearances, but also the secondary symptoms. These valuable works, I presume, are in the hands of most of the profession; and if they are not, it is not my intention, in the present place, either to compile these authors, or write an essay on the disease; my intention being merely to endeavor to draw the attention of practitioners more particularly to the disease, which I am fully persuaded is more common than has been generally imagined.

Various diseases which have been imputed to other causes, the symptoms of which were in common with those of other maladies, would, no doubt, if thoroughly investigated, be referable to this cause—but more especially, I think, would this be the case in *anasarca* and other dropsical effusions, attended with inflammation and visceral derangement.

In chronic *peritonitis* or *enteritis*, for example, where extensive cedema supervenes, the symptoms being well marked, the physician has no hesitation in pronouncing the dropsical effusion to be the result of these diseases; and so strongly is he impressed with this belief, that no examination is made after death—whereas if this had been done, this morbid degeneration of the kidneys would probably have been found to be the cause of the mischief. For I think we have no facts to prove, neither is it consistent with sound *pathological principles*, that these diseases are “*always*” the cause of the effusions which follow; as it is a fact well known that they often run their course and terminate fatally without any such event. If dropsy follows in one case, why not in others? Is it not much more philosophical, and in accordance with pathological reasoning, to impute it to some morbid action which is in-

sidiously, though perseveringly, laying its barriers at the fountain head of that secretion, the retention of which in the system, quenches, no doubt, the vital spark.

But time will not permit, if I had the inclination, to speculate upon this subject. I shall therefore proceed to give the history of a case which lately fell under my observation, in the detail of which, no attempt at scientific arrangement is made—but the morbid appearances stated as correctly as possible. I shall not, moreover, enter particularly into the symptoms through the whole progress of the disease, but shall state them generally, as I had no opportunity to minute them from day to day.

The subject was a boy, about five years of age, of moderate size and dark complexion. He was attacked about four months previous to his death with inflammation of the intestines, from which he partially recovered in about two or three weeks, but soon had a relapse, which speedily run into the chronic form. In five or six weeks after this, fluid began to manifest itself in the cavity of the abdomen, accompanied with universal œdema of the integuments, anasarca and erythema. Under proper treatment the erythema subsided, but the dropsy continued gradually to increase up to the time of his death, notwithstanding the most vigorous use of the most powerful medicines recommended in such cases. The symptoms and state of the secretions during the progress of the disease were various. After the more active inflammation in the intestines had somewhat subsided, and the dropsical effusion had manifested itself, the urine was rather above the natural standard in quantity, and of a slight pink color. It soon, however, became diminished in quantity—at times nearly suppressed, mingled with blood—sometimes of a very dark color and great consistence, and highly coagulable by heat. His bowels generally constipated and difficult to be moved; appetite voracious up to the time of his death. He eat hearty the day before he died, as his friends had given up all hope of recovery, and now indulged him in whatever he desired. Breathing free to the last, notwithstanding the great distention. There was slight cough, with coryza, and other symptoms of catarrh. The brain appeared but little disturbed; sometimes a little stupor—but his intellect was always good. The dropsy gradually increased; his face, legs and arms were enormously distended, as was the whole cellular tissue throughout the body. Tapping and scarification of the extremities was resorted to, with only temporary relief. The scarification was abandoned, on account of the erythema and sloughing which supervened. (The tincture of iodine was tried on his legs, which evidently relieved the erythema and sloughing, but without any other benefit. It occasioned some smarting, and was not afterwards applied.) His countenance, throughout the disease, wore a yellow, leuco-phlegmatic aspect. He retained his strength almost miraculously. He could sit up, rise in bed, turn himself, &c., almost to the last moment of his life. He lingered on about six weeks after tapping, every part of his body being literally loaded with water. The manner of his death, as his friends expressed it, was by “drowning,” or suffocation.

Autopsy, 30 hours after death.—General appearance of the body

was of a pale yellow color, with general cedema of the cellular tissue. On opening the abdomen, about a quart of limpid, slightly colored serum run out. The liver and spleen were of natural size and perfectly healthy. Gall-bladder healthy, and contained a small quantity of very yellow bile. Stomach free from disease, but completely blanched, as were the large intestines. The small intestines were very much disorganized at intervals throughout their whole course. The peritoneal coat was inflamed and thickened by the deposition of coagulable lymph between it and the muscular coat. The latter was of a very dark color, thickened and contracted, so that the intestine was not larger than the little finger, and bearing marks of inflammation of long standing. The intermediate spaces in the intestine were healthy and of the natural size. The peritoneal and muscular coats were very readily separated. The internal mucous coat, at the lower end of the ileum (near the ileo-cæcal valve), was abraded, stellated, with here and there minute ulcerations and cicatrices. Peyer's glands slightly enlarged—otherwise healthy. In other parts of the ileum the mucous membrane was softened in some small patches. The lower part of the jejunum was natural, but the upper part was softened, the *valvulæ conniventes* being in some places broken down. About two inches below the duodenum there was a perforation of the size of a quill, which, however, appeared to be recent. The mesenteric glands were slightly inflamed and enlarged. The transverse arch of the colon was contracted. The peritoneum lining the cavity of the abdomen was free from inflammation and very pale.

Kidneys.—On cutting down to the right kidney, it appeared of its natural size, or but very little enlarged; externally, of a light-gray or ash color, of a coarse, harsh appearance and feel. On dividing it longitudinally into two symmetrical halves, it presented internally a yellowish-white or yellowish-gray appearance, very similar to the substance about the chin and under lip. It was nearly as hard as cartilage, and had the feel of coarse, hard, granular substance. No distinction could be made between the cortical and tubular part, but all seemed to be commingled in one entire mass. In the tubular portion, no traces of the tubuli or *papillæ* could be seen. The lining membrane of the pelvis appeared healthy, but very white. The color of the kidney internally run insensibly into various shades—but yellowish gray was the predominant color, intermingled with white lines. The left kidney was not much more than half its natural size, and of a decidedly more yellow color, externally, than the right. It was distinctly lobulated, and very much shrivelled between the lobules. On cutting into it, its internal appearance was not what its external, *à priori*, would have warranted. Its degeneration was not so great as one would have judged from its external appearance; for it certainly had a decidedly more morbid appearance externally than the right. The cortical portion, however, had the same cartilaginous, granular appearance and feel as the right—but the distinction between the two parts was very evident. The tubular portion was but very little, if any, affected. It had none of that coarse, hard, granular feel that the other had, but the firm, flexible feel of healthy kidney. The tubuli were distinct—not any of them being obliterated,

as was the case with the right. The cortical portion, therefore, was here the part chiefly affected, constituting what Dr. Christison describes as the second stage of granular degeneration. This portion was very distinctly granulated throughout, dipping down between the tubuli, but still not implicating it. The right kidney was, therefore, in the third or last stage of the disease; the left, in the second.

Thorax.—The pericardium contained about a gill of water. The heart was of the natural size, and healthy. There was no water in the chest, and the lungs were in good condition. The brain was not examined.

This was evidently a fair case of granular degeneration of the kidneys; but whether antecedent or consequent to the peritonitis, is difficult to determine. As the peritonitis was the first and most marked symptom, and the dropsy not appearing until some time after, we might, perhaps, be inclined to impute the disease of the kidneys to the peritonitis, or at least as being merely a concomitant of it. But we must bear in mind that granular degeneration is a very insidious disease, and may have been going on for months previous to the appearance of the latter. Christison, in his twelfth case, gives peritonitis as a secondary affection, though he says it is of rare occurrence. Whether peritonitis, or any other internal inflammation, under certain states of the system, may be an exciting cause, I am not prepared to say; but I see no reason *why* it should not be. Perhaps future investigation will throw more light upon this important subject, when its importance in a practical point of view shall be more fully appreciated, and consequently more diligently studied.

I shall conclude this article, by again strongly urging on practitioners the great importance of a strict and thorough examination of the kidneys in *all* diseases, especially those of a *febrile* or inflammatory character, and all dropsical effusions—at the same time recommending a careful perusal of the invaluable works mentioned above.

Tisbury, Feb. 1, 1840.

QUOTATIONS AND REMARKS ON THE BLOOD.—NO. I.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE long made it a rule, when I found myself ignorant, to ask questions, even though I run the risk of exposing my ignorance by so doing. First, I wish to ask whether Magendie's work on the blood is extensively read by the profession. If it is read, what is the prevailing opinion respecting it? I wish to introduce a few extracts from Magendie, to ask a few questions, and mayhap make a few remarks. Some may think he treats the medical profession, and the common course of study for that profession, with too little respect, when he says, "you have often heard me raise my voice against the defective character of the existing system of medical study. Like me, you have, no doubt, been struck with the trifling good that study confers on society. But could it be otherwise when there is scarcely a sound idea on physiology abroad?"

when anatomy is learned in a hurry, and forgot with still greater speed?" Is there not a lamentable degree of truth in this quotation?

I would that every medical man in our country might read and remember the following advice addressed by Magendie to his class. "Beware, gentlemen, of the fanciful creations of writers, no matter with what ingenuity they are dressed up. Devote yourselves, on the contrary, to experimental study—*see, touch for yourselves*. Take no one's word for anything. Mistrust yourselves, mistrust me, and you will manage to steer clear of the whimsical conceptions brought forward to explain, some way or other, the frequently inexplicable phenomena of organization."

I am willing to acknowledge that a flood of light was poured in upon my mind by reading this work. Give us facts and experiments. We want them. No matter if they come in masses sufficient to overwhelm and demolish many time-honored theories and splendid hypotheses. If, in the midst of our onward course, we occasionally meet a *false fact*, or a fallacious experiment, I hope we shall not turn back.

I would call attention, *undivided attention*, if you please, gentlemen, to the following quotations on the blood.

"I am anxious to recall to your attention the experiments we made last session on the blood. You learned, through them, the influence that fluid exercises on our organs. You saw me produce at will, in animals, the majority of the striking phenomena determined by the most terrible diseases, for the relief of which art is powerless. You saw me give rise, at my pleasure, to pneumonia, scurvy, yellow fever, typhoid fever, &c., not to mention a number of other affections, which, so to speak, I called into being before you.

"You are already acquainted with a great number of causes that modify the blood and induce disease, but you are perhaps scarcely prepared for the announcement that by means of a *therapeutical agent* holding the first rank among the fashionable remedies of the day, I produce the very same alterations in the blood, and, as a result, the very same disorders in the economy."

"I assert, then, loudly, and fear not to affirm it, that *bloodletting* induces, both in the blood itself and in our tissues, certain modifications and pathological phenomena which resemble, to a certain extent, those we have seen developed in animals deprived of atmospheric oxygen, of drink, and of solid food. You shall have the material proof of the fact. Here are three glasses containing blood drawn from a dog on three different occasions, at intervals of two days. The animal was in good health, and I took care to supply him with abundance of nourishing food. In the first glass you see the serum and clot are in just proportion to each other. The latter, which is perfectly coagulated, forms about four fifths of the entire mass. This specimen of blood, consequently, appears to possess the desirable qualities. Now turn your attention to the second glass. The animal was still well fed when its contents were drawn, and yet you perceive an evident increase in the quantity of serum. The clot forms, at the most, only two thirds of the whole. But

here is the produce of the third venesection. Although the animal's diet remained unchanged, we find a still greater difference. Not only is the proportion of serum more considerable, but its color is changed. It has acquired a reddish yellow tinge, owing to the commencing solution of the globular substance."

It seems demonstrated by Magendie's experiments that the blood must be constituted in a particular manner—that the ingredients must be in just proportion to each other, in order that the blood properly circulate through all the tissues and form healthy nourishment instead of disease. For instance, a certain degree of viscosity is requisite for the circulation of our blood through the various organs. If this is wanting, the blood will become infiltrated into the parenchyma of the lungs, &c. Now it is manifest that if hemorrhages increase the serosity of the blood, as Magendie has proved, the various tissues cannot be properly nourished and maintained in health where this state of serosity has been induced by the abstraction of blood, in whatever manner the blood may have been removed.

Again, an undue viscosity of blood hinders the circulation; the molecules sticking by the way, and blocking up the vessels, as Magendie remarks, like blocks of ice in the streams. Now is it not plain that the abstraction of the serum will produce this undue viscosity and consequent disease? But are practitioners aware that the indiscreet use of drastic medicines and blisters operates to remove the serum in large quantities? Are they aware that in those individuals who have induced disease by patent drastic medicines, one great cause of the disease is the viscosity of the blood? Physicians, I had almost said above all other men, ought to *think*. They should never rest contented without investigating the causes of disease. I was pleased with an expression of Magendie, that those medical men who blindly follow a regular routine of practice, *have eyes that they may not see*.

Magendie does not decry bloodletting as a therapeutical agent. It is the abuse of this agent that he deprecates. Is it a light thing to the profession that this abuse has produced the most terrible diseases? Is life to be sacrificed because the people who have been practised upon by pretenders to medical knowledge expect to be bled when a physician is called? How many ladies expect to be bled when pregnant, merely because they have been bled in pregnancy? Is this a sufficient reason for bleeding?

Here is another quotation worthy our attention—"No opposition could ever succeed in preventing me from striving to fathom the indubitable fact, that every notable departure from the healthy state of the blood manifests itself almost always by physical modifications of the organs."

It is demonstrated by the experiments of Magendie, that when the blood becomes excessively serous, it loses the power to clot, and consequently terrible and fatal hemorrhages ensue. This inability of the blood to clot constitutes what is termed the *hemorrhagic diathesis*, is at times hereditary, and has been considered without remedy. But may we not safely conclude, that did those who are thus afflicted, understand

the laws which govern life, and act in accordance with them, they might alter the constitution of the blood, so that it would clot, and thus prevent fatal hemorrhages?

A. B.

VARICELLA.

BY WM. INGALLS, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE last of February, 1837, John B. Ingalls broke out with the chicken-pox. The precursory symptoms were lassitude and cephalalgia, which soon after were followed by an eruption in various parts of the body. Behind the ear there was discovered a pock, which filled and burst on the fourth day; the fluid it contained was limpid till the fourth day, when it became somewhat opaque; the fifth day the contents, pustule or vesicle had disappeared.

On the face there were several small vesicles, which, notwithstanding their diminutive size, left pits; on the breast, they were large, shallow, and of short duration; on the posterior region of the thorax, among others there were three of large size, upon which were formed scabs, two of which remained about four weeks, when they fell off, leaving pits which penetrated through the superficial tissues deep into the cutis vera. The pox [properly *pocks*] (I should prefer the word *pock*, and to make use of it as a noun of multitude), with the exception of the desquamation of the scabs on the posterior region of the thorax, passed through the several stages about the same time with the vesicle behind the ear. Anorexia, cephalalgia, propensity to lie a-bed, incited action of the vascular system, continued three days. So far as we know, John's disease was sporadic.

This case has been given in detail, as there are in Europe eminent practitioners, who contend the varicella and variola are identic, though the history of the disease in Boston furnishes irrefragable proof, however striking the resemblance, that chicken is never converted into smallpox.

To prevent the spreading of the variolous contagion, two measures were adopted: 1st, inoculation was prohibited; 2d, for the accommodation of families liable to suffer from the casual smallpox by strangers or infectious clothing, a hospital was provided at a distance from the town, to which, at the public expense, persons attacked with this loathsome malady might be removed, and where infectious articles might be cleansed; as either circumstance might become a cause of the general prevalence of the disease. Any member of a family might, and often did, avail himself of his constitutional right to remain in his own house. The confidence that was reposed in the judgment and fidelity of the attending physician, by the municipal authorities, and in return the deference paid to the authorities by the physician, produced a mutual courtesy and good understanding which were not disturbed for many years. Formerly nothing was more common, and nothing could be more proper, than that the attending physician should meet medical gentlemen in consultation, but then he met them on equal footing; he

was subjected to no dictation, nor was he put under the superintendence of any body of physicians.

When the state of the atmosphere was favorable to the propagation of the smallpox, and so many cases occurred as to cause a general alarm of the inhabitants, the majority of whom were not protected, the regulations were suspended, and permission given for a general inoculation. A late professor of anatomy and surgery said, notwithstanding all the means taken to prevent its introduction, it became indispensable to permit it to go through the town once in about fifteen years.

Restrictive measures were adopted, because, prior to vaccination, an alarm that the smallpox "is in Boston," deterred the people of the country from bringing in their produce, thus having the effect of raising the price of provisions and rendering them scarce; and likewise interrupting the trade between town and country, and directing it to some other market.

During the time the town was exempt from the influence of the variculous contagion, varicella frequently prevailed as an epidemic, and very few arrived at the age of puberty without having the disease; and in no instance did the varicella and variola prove to be either identic or convertible diseases. There were, however, cases where the commencement and progress of the disease so closely represented the symptoms of smallpox, as to require great acumen and sagacity to determine the nature of the exanthem. Hence it became incumbent on every physician to exercise his powers of discernment and discrimination, to discover the nature of the eruption under which a patient might have labored.

NATIONAL MEDICAL CONVENTION.

[As the proceedings of this convention are of such a nature as may render them desirable for reference during some years to come, we copy the record of them in full.]

The National Medical Convention for the revision of the Pharmacopœia of the United States, assembled in the City Hall, Washington, on the 1st day of January, 1840.

The following delegates represented their respective Medical Societies and Colleges in the Convention, viz.:

Rhode Island Medical Society—Theophilus C. Dunn, M.D.

New Jersey Medical Society—Lewis Conduct, M.D.

The College of Physicians of Philadelphia—Franklin Bache, M.D., Henry Bond, M.D., Joseph Carson, M.D.

University of Pennsylvania—Geo. B. Wood, M.D.

Jefferson Medical College—Robley Dunglison, M.D.

Delaware Medical Society—William B. Morris, M.D., James Couper, M.D.

Washington University, Baltimore—John R. W. Dunbar, M.D., John C. S. Monkur, M.D., Edward Foreman, M.D.

Medical and Chirurgical Faculty of Maryland—Joshua J. Cohen, M.D.

Medical Society of the District of Columbia—Thomas Sewall, M.D., N. W. Worthington, M.D.

Columbian Medical College—Thomas Miller, M.D., Harvey Lindsly, M.D., John W. Thomas, M.D.

Vincennes Medical Society of Indiana—John W. Davis, M.D.

Georgia Medical Society—William Bacon Stevens, M.D.

The credentials of the delegates from the White Mountains Medical Society of Vermont, from the Medical Society of New Hampshire, from the Albany Medical College, and from the College of Physicians and Surgeons of Lexington, Kentucky, were presented by Dr. Condict, President of the Convention of 1830; but the delegates were prevented from attending. After the rising of the Convention, however, Josiah Bartlett, M.D., delegate from the New Hampshire Medical Society, and Samuel G. Baker, M.D., and William A. Aiken, M.D., delegates from the University of Maryland, reached Washington; and, by public notice in the papers, stated their full concurrence in the measures adopted by the Convention.

The Convention elected Lewis Condict, M.D., of New Jersey, President; George B. Wood, M.D., of Philadelphia, Vice President; N. W. Worthington, M.D., of Georgetown, D. C., Secretary; and Harvey Lindsly, M.D., of Washington, Assistant Secretary.

With the view of giving the various medical interests of the country their due weight in the deliberations of the Convention, the Surgeon General of the Army, and the Senior Naval Surgeon at Washington, were invited to participate in the proceedings.

After some other preliminary business, the Convention adopted the following resolution, offered by Dr. Bache:

Resolved, That the delegates from the different medical bodies represented in this Convention, be requested to present any written communications with which they may have been charged.

Upon calling over the several delegations, it appeared that no written communication had been forwarded to the Convention, except by the College of Physicians of Philadelphia. Dr. Bache presented from this College several documents, which he said had been prepared with great industry and care, with a view to facilitate the revision and emendation of the *Pharmacopœia* of 1830. This communication elicited discussion; but with a view to more definite action, Dr. Lindsly proposed the following resolution, which was adopted.

Resolved, That the communication from the College of Physicians of Philadelphia be referred to a committee, who shall also be instructed to report a plan by which the revision and publication of the *Pharmacopœia* may be carried into effect.

It was resolved that the committee should consist of five members, to be named by the President; and Drs. Bache, Davis, Stevens, Cohen and Dunn, were appointed.

Dr. Wood offered the following proposition, which was adopted.

Resolved, That a committee be appointed to report a plan for the organization of the next Convention for revising the *Pharmacopœia*.

It was ordered that the committee consist of three members, to be

named by the President ; and Drs. Wood, Sewall and Dunglison were appointed.

The committee to whom the documents from the College of Physicians of Philadelphia were referred, and whose duty it was to arrange a plan by which the revision and publication of the Pharmacopœia might be carried into effect, made the following report, which, with the accompanying resolution, was adopted by the Convention :

"The committee are of opinion, that the labors of revision, constituting the communication from the College of Physicians of Philadelphia, would form a proper basis for the new Pharmacopœia ; and that this communication and all others which shall be received from bodies which have appointed delegates to this Convention, should be referred to a committee of revision and publication to meet in Philadelphia as soon as practicable. As it is desirable that the Committee here proposed should have the assistance of pharmaceutical bodies, it is recommended that authority be given to it to request the co-operation of Colleges of Pharmacy in the United States. A revising Committee thus constituted, and clothed with power to fill their own vacancies, to publish the work after the completion of the revision, and to take order on all incidental measures necessary to carry out the objects of the Convention, would, in the opinion of this Committee, form a body, to which the revision and publication of the Pharmacopœia might be safely trusted. To carry out these views, the Committee recommend the adoption of the following resolutions by the Convention :

"1. The communication from the College of Physicians of Philadelphia, and all other communications which may be received from bodies that have appointed delegates to this Convention, shall be referred to a committee of revision and publication, consisting of seven members, three of whom shall form a quorum.

"2. The committee thus constituted, shall meet in Philadelphia, and be convened as soon as practicable by its chairman.

"3. The committee shall be authorized to request the co-operation of the Colleges of Pharmacy in the United States, to publish the work after the completion of the revision, and to take all other measures which they may deem necessary to carry into effect the object of the Convention.

"4. The committee shall have power to fill its own vacancies.

"5. When the committee shall have terminated their labors, they shall prepare a report of their proceedings, and transmit it to the Secretary of this Convention, to be laid before the next Convention."

All which is respectfully submitted.

FRANKLIN BACHE,	JOSHUA J. COHEN,	} Committee.
JNO. W. DAVIS,	THEOPHILUS C. DUNN,	
WM. BACON STEVENS,		
Washington, Jan. 3, 1840.		

The Convention then proceeded to choose the members of the committee of revision and publication proposed in the above report, and

Drs. Wood, Bache, Dunglison, Cohen, Dunn, Stevens and Sewall, were appointed.

The committee whose duty it was to arrange a plan for the organization of the next Convention for revising the Pharmacopœia, made a report, which, at the suggestion of Dr. Sewall, was amended so as to make the first Monday in May, 1850, the time for the meeting of the Convention, instead of the first Monday in January, 1850. The report thus amended, and modified in other respects to suit the change, was adopted by the Convention as follows:

"The Committee appointed to suggest a plan for organizing the next Convention, report, that they have taken the subject into consideration, and ask leave to submit the following resolutions, which, with a few modifications, are the same as those adopted in 1830, for the organization of the present Convention.

"1. The President of this Convention shall, on the first day of May, 1849, issue a notice, requesting the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy, throughout the United States, to elect a number of delegates not exceeding three, to attend a general convention to be held at Washington, on the first Monday in May, 1850.

"2. The several incorporated bodies thus addressed shall also be requested by the President to submit the Pharmacopœia to a careful revision, and to transmit the result of their labors, through their delegates, or through any other channel, to the next Convention.

"3. The several medical and pharmaceutical bodies shall be further requested to transmit to the President of this Convention the names and residences of their respective delegates as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals, in the month of March, 1850.

"4. In the event of the death, resignation or inability to act of the President of the Convention, these duties shall devolve on the Vice President; and should the Vice President also be prevented from serving, upon the Secretary, or the Assistant Secretary, the latter acting in the event of the inability of the former."

GEORGE B. WOOD, }
THOS. SEWALL, } Committee.
ROBLEY DUNGLISON, }

Washington, Jan. 3, 1840.

The following resolutions were offered by Dr. Wood, and adopted by the Convention.

Resolved, 1st, That the Secretary take charge of and preserve the existing records until his successor be appointed by the Convention of 1850, when it shall be his duty to hand them over to such successor; 2d, that in case of the death, resignation, or inability to act of the Secretary, his duties shall devolve upon the Assistant Secretary; and, 3d, that it be recommended to future Conventions to appoint their Secretary

and Assistant Secretary from members residing in the District of Columbia.

Dr. Bond offered the following resolution, which was adopted :

Resolved, That the Committee of Revision and Publication be requested to take such measures as they may deem most effective, to induce physicians and apothecaries to adopt the nomenclature of the Pharmacopœia in their prescriptions and labels.

Dr. Dunglison offered the following resolution :

Resolved, That the officers of this Convention be requested to prepare forthwith for publication, such part of the transactions of this Convention as may seem to them to be adapted for making extensively known its important objects and proceedings, and that they be authorized to publish the same in the various medical journals of the United States, and in such of the daily and other newspapers as they may think proper.

This resolution was adopted, and it was made the duty of the Secretary and Assistant Secretary to carry it into effect.

Having transacted business of great interest to the medical profession of their country—having passed votes of thanks to the officers of the Convention “for the able and dignified manner in which they had discharged their respective duties,” and to the Board of Aldermen of Washington for the use of their Hall—the Convention, after a session of three days, characterized by a spirit of generous cordiality, which must contribute greatly to secure the objects for which they assembled, adjourned.

By order,

N. W. WORTHINGTON, *Secretary*.
HARVEY LINDSLY, *Ass't Secretary*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 19, 1840.

DR. BRAINARD'S ADDRESS.

AN excellent custom prevails at Yale College, it seems, of giving an annual charge to the medical graduates, by some member of the board of examination. Last year it was given by Dr. Miner, whose excellent address we have several times alluded to. The present season, the duty devolved upon D. T. Brainard, M.D., who has really produced an interesting pamphlet, honorable to his intelligence, and equally so to his heart. Dr. Brainard seems to understand, most fully, the whole circle of duties which pertain to the successful practice of the profession, and better still, he possesses the happy faculty of impressing upon the minds of his readers the full force of the sentiments which should actuate those who enter upon the responsibilities of prescribing medicine and ministering to the sick.

In this address the author shows himself conversant with all the theories of past ages; nor is there anything of modern times, worth remembering, in the circle of medical literature or science, not equally familiar to him. It is not to be understood, however, that he has actually entered

into minute details of things of no importance, to illustrate or enforce those which are; no man could write with such aptness and truth, who is not familiar with the whole subject of the history of medicine. In the following paragraph he alludes to some of the trials attendant on medical practice.

"The profession, gentlemen, which you have chosen, is one of very great responsibility, and it imposes on you great anxiety and great labor, both mental and bodily. Henceforward, if you continue it, most of your time must be devoted to study and contemplation. With distressing scenes you will have to become familiar—disease will baffle your best laid plans of action, and pestilence which walketh in darkness will set you at defiance. You are doomed to see pain and anguish, misery and death, without the power of affording relief. There is, however, another and more pleasant view of the picture, which will reconcile you to all you may have to encounter. The resources of medicine are great, and you will have the pleasure of seeing numerous diseases submit to your skill. You will enter dwellings where you will see pain and distress, fear and apprehension, and will convert all into ease and happiness—tears into smiles, fear into hope, pain and agony into health and strength. These are the rich rewards for your hard toils and troubles, and they can be gathered in as great abundance from the humblest cot, as from the most splendid mansion. The consciousness of having relieved pain and distress, of having averted imminent danger, and of having cured threatening and violent disease, by prudent and judicious means, is a compensation greater than the opulent can bestow."

"Every person who practises medicine, should not only have five senses, but should use them. If people who have eyes but see not, and ears but hear not, do not stand high in morals, their chance for distinction in physics will be small. As much can sometimes be learned from the sound of a patient's voice, as from the words he utters, and the eye can discover colors, shapes, sizes and positions, which we have no proper language to describe; but it is unnecessary for me to enumerate the various powers and capabilities of the senses."

The value of the following remark will be appreciated by those who are in the active business of professional life.

"Another means of directing your labor to advantage, is to keep a journal of all important cases, in which all the symptoms, prescriptions and medicines with their operations, whether salutary or otherwise, should be recorded. This you can easily do at the commencement of your practice, and it will give you more precision in examining and more accuracy in prescribing. You will also derive great benefit from it, by comparing the cases recorded, with such as may arise. Besides, it is the best method of learning, what the ancient physicians considered of so much importance, the *Lædientia* and *Juvantia*. Never give a new or original prescription without taking a copy. If it succeeds, it will be wanted again; if it does not, you should know it. It is of some value to know the inefficiency of some things; it is of more to know when they produce injury. To err is human, but he who learns nothing from his own errors will never make a physician."

Finally, although a stranger to the gentleman, of whose address we have spoken so freely, we cannot conscientiously close without expressing the high sense of respect we feel for one who exerts his powers so successfully for the honor of the medical character.

Lowell Bill of Mortality.—We know not to whom we are indebted for an abstract of the deaths in Lowell, the past year. So far as the typographical execution is concerned, it is altogether the most perfectly-executed piece of printing, of the kind, that we have seen. It appears that the total number of deaths in that city, in 1839, was 362.

The amount of mortality, the past year, is less than that of 1838 by 73, and exceeds that of 1837 by 62. They suffered less than usual from that scourge of children, scarlet fever, the deaths from this disease being in 1837, 38—in 1838, 21. Croup and cholera infantum were also less fatal. More than one quarter of all the deaths were occasioned by diseases of the respiratory organs; the same holding true, nearly, of previous years; consumption, as usual, having its full share of victims. Deaths by accident were numerous, amounting to 27. Three deaths occurred in the Almshouse. A fraction less than one fourth of the whole number were foreigners. Estimating the population at 20,000, the rate of mortality for the past three years may be computed at about 1 in 57.

Dr. Haynes's Demonstrations in Anatomy.—A prospectus is abroad of this gentleman's course of lectures, at Concord, N. H. The year is divided into four terms, of three months each, and the tuition is fifty dollars. D. Haynes's library and cabinet are represented to be valuable. As an instructor, no one would presume to question his qualifications.

Louisville Medical Institute.—Dr. Flint will please accept our thanks for a catalogue. The school is certainly in a most flourishing condition—there being now 204 students, a very gratifying increase above last year, when there were but 120. Where do so many students come from?

Virginia Institution for the Deaf, Dumb and Blind.—The receipt of the list of officers, &c., with specimens of raised letters for the blind, and the alphabet for the dumb, together with much curious and useful information, is hereby acknowledged. It shows the progress of humanity in our country, and is therefore a welcome visitor.

Dr. Parker.—As lately as July the 24th, this gentleman, now celebrated for his successful surgery in China, was visited by two deputies of the Celestial High Commissioner, Lin, who made various inquiries suggested by the present commercial difficulties between the English and Chinese authorities. Lin soon after sent a request to Dr. Parker for a specific for curing opium smokers, and also asked advice in regard to a disease under which his highness was himself suffering. He also consulted Dr. Parker respecting his son, who is afflicted with epilepsy. It was presumed, from these and other circumstances, that the government were not opposed to his medical and surgical practice at Canton, and hopes were entertained that the hospital, heretofore so celebrated for the successful capital operations performed in it, would be opened again. Dr. Parker is the first professional man, and he is an American, who has succeeded well in China, and really established an extensive reputation as a great operator.

Medical Miscellany.—The brig *Ida*, from Boston, arrived at Baltimore with smallpox, and was towed to the quarantine ground, immediately, by

an ice boat.—A French paper states that the number of sick soldiers in the various hospitals of Africa, belonging to France, was, on the 1st of Nov., 2000, which at the latest dates had been reduced to 1778.—The total of interments in the Mobile grave-yard during the past year was 908. The monthly interments were as follows: January, 29; February, 26; March, 25; April, 40; May, 44; June, 39; July, 51; August, 149; September, 378; October, 124; November, 58; December, 35.—A remarkable case of softening of the bones is alluded to in the papers. Cannot some of our readers give us the particulars?—The number of cases of yellow fever in St. Augustine, Florida, last summer, was 1000; population 3000. Only 50 died.—Dr. Harris, of Philadelphia, in a paper read before the Medical Society of that city, on *Lepoides*, or cancer of the skin, states that caustic potash and quick lime, in equal parts, form, in his opinion, the most safe, and, when skilfully managed, the most effectual remedy in the treatment of this disease. An extract made from the common poke berry, also a solution of creosote, have also been used with success in some cases.—Sir B. Brodie says that in treating hysterical affections, it is of more consequence to withdraw the patient's attention from the disease, than to make any actual prescription.—The first number of the Western Journal of Medicine and Surgery, edited by Drs. Drake and Yandell, has been received from Louisville, Ky. The work is to be a monthly of 86 pages each number, and this number contains a good variety of practical matter.

TO CORRESPONDENTS.—The communications of Drs. Woodward, Bertram and Dorrance are on file for publication.

MARRIED.—At Norristown, Pa., Samuel Nixon, M.D., of Greenwood, La., to Miss Emily Magee.

DIED.—In Rindge, N. H., Dr. Isaiah Whitney, 74.—On his passage from Texas to New Orleans, Dr. Henry W. Farley, of Ipswich, Mass., 44.

Whole number of deaths in Boston for the week ending February 15, 37. Males, 24—females, 13. Of consumption, 4—smallpox, 8—apoplexy, 1—lung fever, 6—convulsions, 2—old age, 2—infantile, 3—croup, 2—inflammation of the lungs, 1—brain fever, 1—dropsy on the brain, 1—hemorrhage of the lungs, 1—inflammation of the brain, 1—teething, 1—liver complaint, 1—casualty, 1—hooping cough, 1—dropsy on the heart, 1—stillborn, 4.

CRANIA AMERICANA.

A copy of this work, by Dr. Morton, of Philadelphia, has been left with the publisher of this Journal for examination, and as soon as more copies arrive, probably in a few days, they will be on sale at the Journal office. Feb. 19.

VERMONT MEDICAL COLLEGE.

THE next annual course of Lectures at this Institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Chemistry and Materia Medica, by DAVID PALMER, M.D.
Theory and Practice of Medicine and Obstetrics, by HENRY H. CHILDS, M.D.
General and Special Anatomy and Physiology, by ROBERT WATTS, JR., M.D.
Principles and Practice of Surgery, by GILMAN KIMBALL, M.D.
Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.
Pathological Anatomy, by ROBERT WATTS, JR., M.D.
Demonstrator of Anatomy, SAMUEL W. TRAYER, JR., M.D.

Terms for the course, \$50.—Graduation, \$18.—For those who have attended two courses, but do not graduate, \$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in this village, on reasonable terms.

The new edifice, with large, convenient, and comfortable lecture rooms, will be in readiness for the reception of the class the next term.

Woodstock, Vt., Jan. 8, 1840.

By order of the Board of Trustees,
J. S.—sept 15 N. WILLIAMS, Secretary.

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

Is offering his instrument to the faculty, Dr. Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—“I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the *Uterine Truss* contrived by Dr. Hull, and is, in all respects, a far superior instrument.”

See, also, “The Western Journal of Medical and Physical Sciences.”

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that “every word of Dr. Eberle's opinion is true.” Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1837.—“Dr. Thompson will be pleased to show you a *Uterine Truss* which he has in vented, of very superior structure to anything we have.”

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—“Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally.”

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$7, \$10 and \$12.

June 12—1y

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	- - - - -	DR. SMITH.
Surgery, by	- - - - -	DR. STEDMAN.
Theory and Practice of Medicine, by	- - - - -	DR. PERRY.
Midwifery, Diseases of the Chest, and Demonstrations on	} - - - - -	DR. BOWDITCH.
Morbid Anatomy, at the Hospitals, by		
Materia Medica and Chemistry, by	- - - - -	DR. WILEY.
Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to	H. G. WILEY,	
or to either of the subscribers.	M. S. PERRY,	C. H. STEDMAN,
Jan. 29—epimecpiif	H. I. BOWDITCH,	J. V. C. SMITH.

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—1f

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

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